

Financial Analysis Fee Transmittal Form

Division code 50541

Important

<p>Mail payments with this form to:</p> <p style="margin-left: 40px;">Cashier, MC-FRD Texas Department of Insurance PO Box 12030 Austin, TX 78711</p>	<p>Submit filing documents by email to:</p> <p style="text-align: center;">FAFilings@tdi.texas.gov</p> <p>Be sure to include a copy of the check and a copy of this completed form.</p>
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Date _____

Required

Name of company _____

License number _____ NAIC number _____

Name of payor, if different _____

Assigned analyst, if known _____

Contact name _____

Phone _____ Fax _____

Email _____

Check number _____ Amount \$ _____

Comments _____

Required

Type of Transaction	Type	CRE#	Fee Amount	Quantity	Total
CCRC Disclosure Statement	CCRC	123	\$500		
Living Unit Fee	CCRC	1123	\$2 per unit		
Annual Financial Reporting Fee	MEWAs	255	\$500		